

**MONTINI CATHOLIC HIGH SCHOOL  
AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

**Name:** \_\_\_\_\_  
*As Appears on Account or Credit Card (Please Print)*

**Email:** \_\_\_\_\_  
*Parent Email*

**Telephone:** \_\_\_\_\_ **Cellular:** \_\_\_\_\_

**Student Name :** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_

*I (We) hereby authorize Montini Catholic High School, hereinafter called MCHS, to initiate entries to my (our) account indicated below and to charge or debit the account.*

*Please select one:*

*Complete the following information for ACH debit or attach a voided check.*

1. *ACH (automated bank to bank transfer) Bank Name:* \_\_\_\_\_

*Routing #* \_\_\_\_\_ *Account #* \_\_\_\_\_

\*\*\*\*\*

*Complete the following information if selecting CC payment.*

2. *Credit Card Authorization (3% processing fee applies) Debit cards are processed as credit cards and the 3% fee applies.*

*Circle One: Visa Mastercard Discover*

*Account Number:* \_\_\_\_\_

*Expiration Date* \_\_\_\_\_ *CVV#* \_\_\_\_\_

*This authority is to remain in full force and effect until MCHS has received notification from me of its termination in such time and manner as to afford MCHS a reasonable opportunity to act on it. Payments are made over a ten month period beginning July 10 of the current school year and shall be one tenth of the tuition.*

*Please return form to MCHS attention Barbara Pauley*

*Signed:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Signed:* \_\_\_\_\_ *Date:* \_\_\_\_\_